

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037562

FILED VS OCT 24 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH	Length of stay in 1b 5-9-1957	c. CITY OR TOWN LEXINGTON	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. HOSP. #2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D # 1
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ELIJAH Middle THOMAS Last NEER			4. DATE OF DEATH Month 10 Day 13 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-1-1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) Higginsville Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clard Neer		13b. MOTHER'S MAIDEN NAME Annie Tapp		14. NAME OF HUSBAND OR WIFE Julia Neer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Hospital Records		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CORONARY OCCLUSION	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CHRONIC MYOCARDITIS	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **10-13-1960** to **10-13-1960** and last saw him ^{her} alive on **10-13-1960**
Death occurred at **8:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decease or title) Mohammed Taher M.D.		22b. ADDRESS St. Hosp # 2		22c. DATE SIGNED 10-13-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-18-60	23c. NAME OF CEMETERY OR CREMATORY MACKPELAK CEM.	23d. LOCATION (City, town, or county) (State) Lexington Mo.	
24. FUNERAL DIRECTOR Vaughn-Walker Lexington Mo.		25. DATE RECD. BY LOCAL REG. Oct. 17, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Gandell	

DOCUMENT

MEDICAL CERTIFICATION
M. Tahir M.D.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Lexington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.